

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MAPLE ROAD GROUP HOME (310467)

Address: W187 N8581 MAPLE RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/30/1994

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097171 **End Date:** 04/17/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009157 Served 06/16/2006

Deficiencies Cited

83.21(5)(a)1

83.32(2)(a)

Subject Area

RIGHT TO FILE A GRIEVANCE

INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance
Verified

Corrected

Survey ID: 0095447 **End Date:** 08/31/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008826 Served 09/06/2005

Deficiencies Cited

83.21(4)(o)

Subject Area

MEDICATIONS

Compliance
Verified
03/20/2006

Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Survey ID: 0094696 End Date: 04/05/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008805 Served 05/09/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	08/31/2005	Yes
83.07(10)(a)1	PLAN OF CORRECTION	08/31/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	08/31/2005	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	08/31/2005	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	08/31/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/31/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	08/31/2005	Yes
83.21(4)(g)	FAIR TREATMENT	08/31/2005	Yes
83.21(4)(h)	PRIVACY	08/31/2005	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	08/31/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/31/2005	Yes

Survey ID: 0092821 End Date: 05/21/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009001 Served 07/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	08/31/2005	Yes

Survey ID: 0091512 End Date: 10/28/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008623 Served 11/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	04/05/2005	No
83.18(3)	SAFEGUARDING OF RECORDS	04/05/2005	Yes
83.21(4)(s)	RELIGION	04/05/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090763 **End Date:** 07/31/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 05/05/2005 SOD #10008805 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.07(10)(a)1
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(a)2
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(h)
FORFEITURE---83.21(4)(m)
FORFEITURE---83.32(2)(a)5

Date: 06/29/2004 SOD #10009001 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---13.05(2)
FORFEITURE---83.21(4)(p) withdrawn 3/15/05

Date: 11/14/2003 SOD #10008623 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.21(4)(s)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 01/11/2006

Date Investigation Completed: 04/17/2006

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

10009157

Date Complaint Received: 05/10/2005

Date Investigation Completed: 08/31/2005

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

MEDICATIONS

ADMINISTRATION

Result

SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

10008826

10008826

Date Complaint Received: 03/07/2005

Date Investigation Completed: 04/05/2005

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

STAFF ADEQUACY

Result

SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

10008805

Date Complaint Received: 05/17/2004

Date Investigation Completed: 05/17/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

ADMINISTRATION

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

10009001

10009001

Date Complaint Received: 10/13/2003

Date Investigation Completed: 10/15/2003

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/03/2003

Date Investigation Completed: 10/15/2003

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

10008623

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 07/18/2003

Date Investigation Completed: 07/31/2003

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 06/25/2003

Date Investigation Completed: 07/31/2003

Subject Area(s)
SUPERVISION
ADMINISTRATION

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.